# EMT-1 REGULATORY TASK FORCE MEETING MINUTES March 5, 2003 Sheraton Suites San Diego, CA

### A. Introductions

Self-introductions were made.

MEMBERS PRESENT Ray Casillas Elaine Dethlefsen	EMSA STAFF PRESENT Sean Trask Richard Watson	ALTERNATES PRESENT Bruce Kenagy Karen Petrilla	MEMBERS ABSENT Nancy Casazza Sandy Margullis	ALTERNATES ABSENT Patrick Brown David Nevins
Bruce Haynes Tom McGinnis Debbie Meier Kevin White Debi Moffat			Greg Dunnavant Pat Kramm Donna Ferracone Byron Parsons Marco Randazzo Dan Paxton Bob Repar Susan Smith John Pritting Jean English Veronica Shepardson Todd Wilhoyte Luann Underwood	Debbie Notturno

## B. Minutes

Approve as written.

# III. Agenda

Approved as written.

# C. Old Business:

# **Director's Update:**

- 1. Richard Watson updated the Task Force Members on the status of the proposed consolidation of the EMS Authority with the Department of Health Services. To date, the EMS Authority continues to be an independent department.
- 2. Mr. Watson expressed his sincere thanks to the EMT-I Task Force members for their years of dedication to complete the Task Force Objectives which also helped to meet the objectives of the Vision Improvement Project.

# A. Continuing Education:

The Paramedic Task Force is recommending the addition of a separate Chapter to the regulations regarding continuing education (CE) and both the EMT-I and paramedic regulations will reference this new chapter to address CE requirements. In the new proposed chapter, CE shall include any topics in the respective National Standard Curricula. Most of the CE requirements are similar to the previous drafts of discussed at both the EMT-I and paramedic

Task Forces. Once this draft document is completed, the EMT-I Task Force will get a copy for review.

# **B.** Optional Skills

The Task Force Members reviewed the Draft Optional Skills Section and needs to determine the minimum number of hours of training for the seven medication module. The Task Force agreed to the training topics at the previous meeting. After a brief discussion, the Task Force agreed to the recommendation to adopt 72 hours that are identified in the Imperial County EMT-I Trial Study minus the five hours of training for the Combitube. The result was that a minimum of 35 hours will be required for didactic and skills laboratory and a minimum of 32 hours of clinical training and field internship which shall result in no fewer than five advanced life support contacts during clinical training and five advanced life support contacts during the field internship.

With respect to the Mark I kits, the Task Force members present agreed to a minimum of two hours of training for atropine and Pralidoxime Chloride. In addition to this training, basic weapons of mass destruction training is recommended. The topics for medication administration were derived from the medications from the seven medication module.

### **IV New Business**

# A. Review of Task Force Objectives

- 1. Objective #1 Done
- 2. Objective #2 Done
- 3. Objective #3 Done
- 4. Objective #4 Done
- 5. Objective #5 Done
- 6. Objective #6 Done
- 7. Objective #7 Done
- 8. Objective #8 Done
- 9. Objective #9 Deferred to the Education and Personnel Committee of the Vision Improvement Project.

### D. Discussion:

1. The Task Force will review the pending continuing education language from the Paramedic Task Force when it is released. Sean will draft the EMT-I regulations and distribute them via e-mail for review and comment by the EMT-I Task Force members before going out for public comment. Any concerns or dialogue resulting from the CE language or draft EMT-I regulations can be addressed via e-mail or if necessary a conference call. The EMT-I Task Force has agreed that the Task Force members will meet at least one more time to discuss comments from the public comment period. This meeting will conclude two years and eleven months of the regular monthly meetings of the EMT-I Task Force.

Recorder: Sean Trask